

JUN 7 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

File No. 18795

Township

Primary Registration District No. 3009

Registered No. 168

City

No. 11

Marble City, Mo

St.

Ward

2. FULL NAME

(a) Residence No. Marble City, Mo

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Mary Probst

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 7 - 1868

7. AGE

YEARS 67

MONTHS 7

DAYS 17

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cape County, Missouri

13. NAME

Alex Probst

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cape County, Missouri

15. MAIDEN NAME

Nancy Helms

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Cape County, Missouri

17. INFORMANT (ADDRESS)

Clark Probst, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairmount DATE May 26, 1936

19. UNDERTAKER (ADDRESS)

Brookhoff Howell, Cape Girardeau, Mo.

20. FILED

24, 1936 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1936 to May 24, 1936

I last saw him alive on May 20, 1936 Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis about Jan. 37

Other contributory causes of importance:

Chronic Bronchitis disease May 30

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify.....

(Signed) W. A. Schuen M. D.

(Address) Cape Girardeau Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH CONFIDENCE. THIS IS A PERMANENT RECORD

Schwarz